

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 1 7

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.80

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ -0-b. FFY 2001 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 1j  
Attachment 3.1-B, Page 2i9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Same, Approved 8-6-99, TN 98-25  
Same, Approved 8-6-99, TN 98-25

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to delete "Peritoneal Dialysis" under  
Private Duty Nursing Services for High Technology Non-Ventilator Dependent Patients.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

October 16, 2000

16. RETURN TO:

Division of Medical Services  
P. O. Box 1437  
Little Rock, AR 72203-1437Attention: Binnie Alberius  
Slot 1103**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

October 19, 2000

18. DATE APPROVED:

January 4, 2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

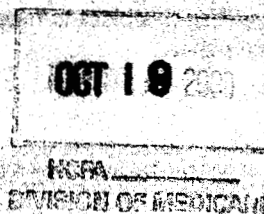
21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 1j

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: January 1, 2001

CATEGORICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(4) RESERVED

(5) Private Duty Nursing Services for High Technology Non-Ventilator Dependent Recipients

Services are limited to eligible Medicaid recipients in the EPSDT Program. Private duty nursing services for non-ventilator dependent recipients include patients requiring the following services:

- (1) Prolonged Intravenous Drugs
- (2) Parenteral Nutrition
- (3) Oxygen Supplementation
- (4) Tube Feeding (gastrostomy, naso/or gastric feedings)

These services require prior authorization. Services may be provided in the recipient's home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.)

Refer to Attachment 3.1-A, Page 3d, Item 8 and Attachment 3.1-B, Page 4a, Item 8 for coverage information for private duty nursing services for ventilator-dependent recipients.

STATE <u>Arkansas</u>		A
DATE REC'D	<u>10-19-00</u>	
DATE APP'D	<u>01-04-01</u>	
DATE EFF	<u>01-01-01</u>	
HCFA 179	<u>00-17</u>	

SUPERSEDES: TN - 98-25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-B  
Page 2i

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: January 1, 2001

**MEDICALLY NEEDY**

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(4) **RESERVED**

(5) Private Duty Nursing Services for High Technology Non-Ventilator Dependent Recipients

Services are limited to eligible Medicaid recipients in the EPSDT Program. Private duty nursing services for non-ventilator dependent recipients include patients requiring the following services:

- (1) Prolonged Intravenous Drugs
- (2) Parenteral Nutrition
- (3) Oxygen Supplementation
- (4) Tube Feeding (gastrostomy, naso/or gastric feedings)

These services require prior authorization. Services may be provided in the recipient's home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.)

Refer to Attachment 3.1-A, Page 3d, Item 8 and Attachment 3.1-B, Page 4a, Item 8 for coverage information for private duty nursing services for ventilator-dependent recipients.

STATE <u>Arkansas</u>	
DATE REC'D	<u>10-19-00</u>
DATE APP'VD	<u>01-04-01</u>
DATE EFF	<u>01-01-01</u>
HCPA 179	<u>00-17</u>
A	

SUPERSEDES: TN - 98-25